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BIB DATA SHEET

CONFIRMATION NO. 9996

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/722,451	11/28/2003	514	1617	3493-0126P

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

FRANCE 0312626 10/28/2003

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

03/11/2004

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Met after Allowance tc Initials	FRANCE	7	43
Verified and Acknowledged	// Examiner's Signature				13

ADDRESS

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TITLE

PHARMACEUTICAL COMPOSITION BASED ON A POLYMORPHIC FORM I OF IDAZOXAN

FILING FEE RECEIVED 3608	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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